

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

(b) Address (number and street)

☐ check if different than previously reported**2. FEC Identification Number**

(c) City, State and ZIP Code

C

(d) Name of Employer or Principal Place of Business

(e) Occupation

**3. Is This Statement**☒ New

or

Amended

**4. Covering Period**10/07/2008  
through  
10/08/2008**5. (a) Date of Public Distribution(s)**

10/08/2008

(b) Communication Title

SWEATSHOP

**6. The filer is a(n):** (a) Individual (b) ☒ Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: \_\_\_\_\_

**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**

Yes

No ☒**8. Custodian of Records**

(a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**9. Total Donations This Statement**

0.00

**10. Total Disbursements/Obligations This Statement**

8,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CRAIG VAROGA

SIGNATURE

DATE

9 Oct 2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)